SEED AND BERRY LLP

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FACSIMILE TRANSMITTAL

DATE: June 17, 1999   OUR REF. NO: 660073.555

TO: Examiner Daniel St-Cyr
         Art Unit 2876

FROM: Edward W. Bulchis

YOUR FAX NO.:   (703) 308-7722

YOUR REF. NO.:   U.S. Application No. 08/857,100

RE: Amendment

We are transmitting 10 pages, including this sheet and the following:

- o PTO-1083 (+ copy)   o Petition for Extension of Time (+ 2 copies)
- o Amendment

If transmission is incomplete, please call Laura Shockey at (206) 622-4900 or fax our office at the number above.

COMMENTS

PLEASE DELIVER IMMEDIATELY TO

EXAMINER DANIEL ST-CYR

ART UNIT 2876

	DATE FAXED: _____
	TIME FAXED: _____ _____
Confirmation copy sent **NO**	BY: _____

FORM PTO-1083

SEED AND BERRY LLP
6300 Columbia Center
701 Fifth Avenue
Seattle, Washington 98104-7092
Phone (206) 622-4900
Fax (206) 682-6031

Docket No.:   **660073.555**
Date: **June 16, 1999**

In re application of   **Leland R. Nevill**
Application No.:   **08/857,100**
Filed: **May 15, 1997**
For: **METHOD AND APPARATUS FOR IDENTIFYING INTEGRATED CIRCUITS**

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON DC 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.
[X] A Petition for an Extension of Time for month is enclosed.
[ ] A General Authorization Under 37 C.F.R. § 1.136(a)(3) is enclosed.
[X] No additional claim fee is required.
[X] The fee has been calculated as shown.

	(Col. 1)		(Col. 2)	(Col. 3)		SMALL ENTITY			OTHER THAN A SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST PREV. PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE	
TOTAL	* 24	MINUS	** 25	0		x 9	$		x 18	$ 0	
INDEP.	* 5	MINUS	*** 5	0		x 39	$		x 78	$ 0	
[ ] FIRST PRESENTATION OF MULTIPLE CLAIMS						+ 130	$	OR	+ 260	$ 0	
EXTENSION OF TIME FEE							$			$ 110	
TOTAL ADDITIONAL FEE							$	TOTAL		$ 110	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box
  in Col. 1 of a prior amendment or the number of claims originally filed.

[X] Please charge my Deposit Account No. 19-1090 in the amount of $ **110.00**. A duplicate copy of this sheet is enclosed.

[X] The Assistant Commissioner is hereby authorized to charge payment of the following additional fees associated with this communication or credit any overpayment to Deposit Account No. 19-1090. A duplicate copy of this sheet is enclosed.

[X] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

[X] Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,
Leland R. Nevill
SEED AND BERRY LLP

Edward W. Bulchis
Registration No. 26,847

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FORM PTO-1083

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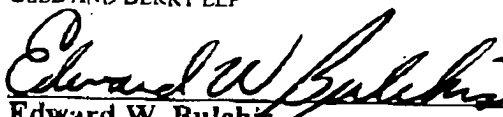|	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST PREV. PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
TOTAL	* 24	MINUS	** 25	0	x 9	$		x 18	$ 0
INDEP.	* 5	MINUS	*** 5	0	x 39	$		x 78	$ 0
[ ] FIRST PRESENTATION OF MULTIPLE CLAIMS					+ 130	$	OR	+ 260	$ 0
EXTENSION OF TIME FEE						$			$ 110
TOTAL ADDITIONAL FEE						$	TOTAL		$ 110

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** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
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